



LONGMONT POLICE SERVICES

225 Kimbark Street, Longmont, Colorado 80501

Manager, Public Safety Outreach 303-774-4440

Administration 303-651-8890

Explorer Volunteer Application *

*** Note: This form must be completely filled out.**

DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

If under 18, include Parent or Guardian name, phone number and their email address:

HOME PHONE: _____ CELL PHONE: _____

SCHOOL YOU ARE CURRENTLY ATTENDING AND GRADUATION DATE:

DRIVERS LICENSE NUMBER: _____ STATE: _____

***** (Must Provide a Copy of Driver's License If You Possess One)*****

EXPIRATION DATE: _____ SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

HOW DID YOU HEAR ABOUT THE LONGMONT EXPLORER PROGRAM?:

ARE YOU AVAILABLE FOR MEETINGS/ TRAINING ON THURSDAY EVENINGS?:

LIST PREVIOUS VOLUNTEER EXPERIENCE:

Activity

Agency

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION – SKILLS – ABILITIES

Type of Schools	Name, City, & State	Diploma, GED or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College (Undergrad)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Have you ever been arrested, issued a summons, or notice to appear in court?

____ Yes No ____

Have you ever been convicted of a misdemeanor? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

CURRENT AND PAST SCHOOLS: LIST ALL SCHOOLS ATTENDED AND THE DATES ATTENDED:

LIST YOUR SPECIFIC SKILLS AND TALENTS THAT MIGHT BE USEFUL IN YOUR LPD EXPLORER ACTIVITIES:

BILINGUAL SKILLS:

Verbal: _____

Written: _____

Work History

List below your complete work history starting with your present position and working back-wards through your past two work experiences. **Include volunteer work, if applicable.** This section must be filed in completely, even if a resume is attached.

(1) Present or last employer: _____	
From month: _____	Year: _____ To month: _____ Year: _____
Address: _____ City _____ State: _____ Zip _____	
Type of Business: _____ Telephone: _____	
Supervisor: _____ Starting Position Title: _____	
Last Position Title: _____	
Description of duties: _____	

Reason for leaving or seeking other employment: _____	

(2) Previous employer: _____	
From month: _____	Year: _____ To month: _____ Year: _____
Address: _____ City _____ State: _____ Zip _____	
Type of Business: _____ Telephone: _____	
Supervisor: _____ Starting Position Title: _____	
Last Position Title: _____	
Description of duties: _____	

Reason for leaving or seeking other employment: _____	

(3) Previous employer: _____	
From month: _____	Year: _____ To month: _____ Year: _____
Address: _____ City _____ State: _____ Zip _____	
Type of Business: _____ Telephone: _____	
Supervisor: _____ Starting Position Title: _____	
Last Position Title: _____	
Description of duties: _____	

Reason for leaving or seeking other employment: _____	

AUTHORIZATION TO RELEASE INFORMATION AND CONFIDENTIALITY AGREEMENT:

As a Volunteer with the Longmont Police Department, I am willing to furnish information for use in determining my qualifications.

I understand, for security reasons, a basic clearance check/background will be conducted by the LPD and I will be asked to provide fingerprint information. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that false statements on this application or during the interview process will be cause for immediate dismissal from this volunteer position with the LPD.

I understand the Longmont Police Department will not have to disclose the reason, if any, for not being selected as a volunteer for this program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Longmont Police Department to verify my criminal history and driving records as part of the background screening process.

If accepted as a volunteer for the Longmont Police Department, I understand I may be privy to confidential information and agree to respect and maintain ALL that confidentiality whenever presented with it.

VOLUNTEER'S SIGNATURE

DATE

****** A copy of your Driver's License (if you possess one) MUST be attached or the volunteer application will not be processed. ******

REFERENCES

Please give the name of four references who know your abilities and interests.

1. Personal Reference

Name: _____

Phone Number: _____

Describe how long you have known this person and what type of relationship you have with this person: _____

2. Employer Reference:

Name: _____

Agency: _____

Phone Number: _____

Describe your work assignments and length of time you have worked there:

3. Volunteer Reference:

Name: _____

Agency: _____

Phone Number: _____

Describe your volunteer assignments and length of time you served with this agency:

4. Teacher Reference:

Name: _____

School: _____

Phone Number: _____

Describe how you know this teacher:

**Please return this application to the Manager, Public Safety Outreach at
The Safety and Justice Center
225 Kimbark St., Longmont, CO 80501.**

**If you have any questions regarding this application or the
volunteer program, please call 303.774.4440 or
Ofc. Melinda Burnett at 303.774.4300 x3183**